FOR THE YEAR ENDING DECEMBER 31, 2024 of the
Auto Club Life Insurance Company In the state of Michigan In the state of Michigan
Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus

ABSTRACT OF STATEMENT

84522

149,398,757 54,854,644 173,137,830 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 1,204,133,399 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Total Life and Annuity Premiums Written 0
Total Life and Annuity Direct Losses Paid 0
Total Accident and Health Direct Premiums 0 Health Direct Losses Paid 0

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in

this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my arck this first day of March, A.D., 2025 (SEAL)
JON GODFREAD

(4/23, 30, 5/7)

And Surplus

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 Colonial Life & Accident Insurance Compan

In the state of South Carolina Total Assets Total Liabilities 3,990,315,970 3,485,679,568 Aggregate write-ins Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 15,076,209 22,543,547 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and

3,990,315,970

Annuity Premiums Written 763,777
Total Life and Annuity Direct Losses Paid 648,418
Total Accident and Health Direct Premiums 3.278.655 Total Accident and Health Direct Losses Paid 1,872,601

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office. this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-

ness for the year ending December 31, 2024 conformable ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I. JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-

ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(4/23, 30, 5/7)

Everlake Life Insurance Company

ABSTRACT OF STATEMENT of the

In the state of Illinois Total Assets Total Liabilities 25,826,535,195 24,142,926,152 Aggregate write-ins Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 1,406,382,640 129,647,698 1,683,609,043 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 25,826,535,195

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 652,654
Total Life and Annuity Direct Losses Paid 2,513,292
Total Accident and Health Direct Premiums 18,977 Written Total Accident and Health Direct Losses Paid 34,476

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

March, A.D. 2029 (SEAL). JON GODFREAD Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid

NOW THEREFORE, I. JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi ness of authorized insurance in the state according laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD

(4/23, 30, 5/7)

11499 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Censtat Casualty Company In the state of Nebraska Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 8,000,000 13,576,427 21,576,427

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

51,799,535

Total Direct Premiums Earned Total Direct Losses Incurred Total Accident and Health Direct Premiums Health Direct Losses Incurred

And Surplus

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

DIFFREAD sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GODFREAD, Commis

sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)
JON GODFREAD

(4/23, 30, 5/7)

62049

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Crestbrook Insurance Company In the state of Ohio Total Assets Total Liabilities Aggregate write-ins Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 4,500,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 217,987,042

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 5,036,340 Earned Total Direct Losses 593,622 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this office a swor its state of column of administre, has frien it fins office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and
WHEREAS, the said company has filed in this office a duly

certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, L. JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Farmers Alliance Mutual Insurance Company In the state of Kansas in the state of Kansas
Total Assets
Total Liabilities
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Green Bedief and Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 227,471,941 227,971,941 439.280.219

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 16,028,551 Earned Total Direct Losses 5,506,494 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in
this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable

ness for the year chaing December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. laws interest, until use sour day of Aphii, A.D. 2020.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD

(4/23, 30, 5/7)

61751 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Central States Health & Life Co. Of Omaha In the state of Nebraska 400,330,354 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 205,273,792 59,442,065 Aggregate V Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 205,273,792 469,989,649 469,989,649 And Surplus

NORTH DAKOTA BUSINESS ONLY

Total Life and Annuity Premiums Written 581,691
Total Life and Annuity Direct Losses Paid 367,747
Total Accident and 306,747 Health Direct Premiums Written Total Accident and Health Direct Losses Paid 219,911

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and
WHEREAS, the said company has filed in this office a duly
certified copy of its charter with certificate of organization
in compliance with the requirements of insurance law afore-

said, NOW THEREFORE, I, JON GODFREAD, Commis-NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SFAI).

(SEAL)
JON GODFREAD

(4/23, 30, 5/7)

18961

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Dairyland Insurance Company In the state of Wisco Total Assets Total Liabilities 499,316,834 6,366,103 Aggregate write-ins Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 4,012,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 499,316,833

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 377,438 Earned Total Direct Losses 92,388 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in IN TESTIMONY WHEREOF, I have hereunto set my hand

and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). er of Insurance
STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this

the laws of its state or country of domicile, has filed in this office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid.

NOW THEREFORE, L. JON GODEREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Grinnell Compass, Inc In the state of Iowa Total Assets Total Liabilities Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital
And Surplus ,500,000 20.249.226

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 4,511,887 Earned Total Direct Losses 2,314,652 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in
this office. this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

business of insurance and
WHEREAS, the said company has filed in this office a duly
certified copy of its charter with certificate of organization
in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GODFREAD, Commis-

sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. taws directly during Sourcey of Spin, 2020.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

34649

Centre Insurance Company In the state of Delaware Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than 5.000.000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 5,238,396 342,406 10,580,802 24,074,967 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums Earned Total Direct Losses Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the province of the control of the to the requirements of the laws of this State regarding the WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the

laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)
JON GODFREAD

(4/23, 30, 5/7)

21164

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Depositors Insurance Company In the state of Iowa Total Assets Total Liabilities Aggregate write-ins Aggregate wine-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 3,000,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 149,600,720 And Surplus

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 319,028 Earned Total Direct Losses 436,986 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

oner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and
WHEREAS, the said company has filed in this office a duly

certified copy of its charter with certificate of organization

in compliance with the requirements of insurance law afore-NOW THEREFORE, I. JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized named company is tuny empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

er of Insurance

(4/23, 30, 5/7)

15831

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Grinnell Mutual Reinsurance Company In the state of Iowa In the state of Iowa
Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital
And Surplus 1,000,000 802,419,691 803,419,691 And Surplus 1.644.757.211

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 19,781,152 Earned Total Direct Losses 7,831,333 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in
this office. this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busiless of authorized insurance in the state acc laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Centre Life Insurance Company In the state of Massachusetts 1,208,912,395 1,143,150,324 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 2.500.000 Aggregate Write-ins fo Other Than Special Surplus Funds Surplus Notes Gross Paid in and 127,157,500 63,895,430 129,657,500 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

1,272,807,824 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Total Life and
Annuity Premiums Written 0
Total Life and
Annuity Direct Losses Paid 0
Total Accident and
Health Direct Premiums 6, Total Accident and Health Direct Losses Paid 23,232

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office. uns office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

SIONERAD SIONERAD SIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GODFREAD, Commis-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SFAI). (SEAL)
JON GODFREAD

JON GODFREAD

(4/23, 30, 5/7)

42587

21326 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

In the state of Illinois Total Assets Total Liabilities Aggregate write-ins Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 4,000,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 52,278,249 And Surplus

Empire Fire And Marine Insurance Comp

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 828,474 Earned Total Direct Losses 150,792 Incurred Total Accident and Health Direct Premiums Earned Fotal Accident and Health Direct Losses

OFFICE OF THE COMMISSIONER OF INSURANCE OF INSURANCE I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in

STATE OF NORTH DAKOTA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). sioner of Insurance
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this

office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and
WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I. JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above

named company is fully empowered through its authorized

nameu company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

er of Insurance (4/23, 30, 5/7)

14117

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Grinnell Select Insurance Company In the state of Iowa Total Assets Total Liabilities Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Sumplus 2,500,000 Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 38.021.168

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 10,344,841 Earned Total Direct Losses 6,297,933 Incurred Total Accident and Health Direct Premiums Earned Fotal Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in
this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

DIFFREAD sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this

office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state accordin laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(4/23, 30, 5/7)

FOR THE YEAR ENDING DECEMBER 31, 2024 of the
Colonial American Casualty And Surety Company In the state of Illinois Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than 5.000.000 Special Surplus Funds Surplus Notes Gross Paid in and

ABSTRACT OF STATEMENT

34347

And Surplus 20,211,233

5,000,000 8,212,825 18,212,825

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums Earned Total Direct Losses 2,697 Incurred Fotal Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses Incurred

Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

DDFREAD sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

COMPANY'S CERTIFICATE OF AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 conformable

to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025.

(SEAL)
JON GODFREAD

JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Everlake Assurance Company In the state of Illinois Total Assets Total Liabilities 138,936,749 86,560,787 Aggregate write-ins Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 3,000,000 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

138,936,749 And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Life and Annuity Premiums Written 226,679 Total Life and Annuity Direct Losses Paid 647,567 Total Accident and Health Direct Premiums Written Total Accident and Health Direct Losses Paid 0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in
this office. this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable

ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I. JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized

agents and representatives, to transact its appropriated busi ess of authorized insurance in the state according to the ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2025.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD

And Surplus

16144

(4/23 30 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024**

of the
Hartford Life And Accident Insurance Company In the state of Connecticut Total Assets Total Liabilities 12,942,016,158 10,234,025,391 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus 2,500,000 391,389,268 2,314,101,499 2,707,990,767 Contributed Surplus Jnassigned Funds Fotal Capital and Surplus Fotal Liabilities, Capital

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and

12,942,016,158

Total Life and Annuity Premiums Written Total Life and Annuity Direct Losses Paid Total Accident and Health Direct Premiums 4,945,383 Written Total Accident and Health Direct Losses Paid 2,010,143 STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in

JON GODFREAD Commissioner of Insurance

this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable
to the requirements of the laws of this State regarding the
business of insurance and siness of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the

laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) ON GODFREAD

(4/23, 30, 5/7)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE